

MSPA Voluntary Checkoff Program

Complete the form below and make checks out to MSPA. If you have any questions or concerns please reach out to Samantha Ludlam at samaludl@gmail.com.

MSPA Member	Non-MSPA Member	
First Name:	Last Name:	
Farm Name:		
Mailing Address:		
 City:	State:	Zip Code <u>:</u>
Phone:	Email Address:	

Checkoff Amount

Write the total head of sheep sold the previous year that did not go through a United Producers Inc. sale house in Manchester in the quantity field below. For example, if you sold 20 lambs off of your farm, you would type "20" into the Quantity file below.

A. Total Checkoff \$_____

Membership

Membership covers January 1 – December 31 of the current year.

MSPA Membership Dues: _____\$40-Family/Adult _____\$20-Youth

_____ New Membership _____ Renewal

B: Total Dues \$_____

Grand Total (A + B): \$_____